Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04L106	12/04/2024
Name of Provider or Supplier	**Street Address, City, State**	
United Methodist Childrens Home	2002 S Fillmore St, Little Rock, AR	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
N0000	Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. Complaint (AR00034902) Complaint number n/a, based on observations, interviews, and record review, the facility was found to be out of compliance all or in part with Federal Regulations with deficiencies written at N0141, N0142, N0145, N0156, N0188, N0189 The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center.
N0141	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(b) If the resident's treatment team physician is available, only he or she can order restraint or seclusion. This ELEMENT is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure a physician order for a physical and/or chemical restraint was obtained for 2 clients (Client #1 and Client #2) of 3 clients chosen for the case mix. The findings are:

1. Review of Client #1's "Face Sheet," dated 12/03/24, revealed the client had diagnoses which included disruptive mood dysregulation disorder, history of child neglect and abuse, and autism.

A review of the facility's seclusion and restraint log revealed Client #1 was placed in restraints on 08/26/2024 from 8:40 PM until 8:42 PM and again from 8:55 PM until 8: 56 PM. The log also indicated Client #1 had been given a chemical restraint at 8:42 PM and again at 8:56 PM.

A review of a "Nurse Progress Note," dated 08/26/2024 at 9:00 PM, indicated Client #1 had been placed in "several restraints" and given two (2) chemical restraints during the second shift.

A review of the restraint and seclusion forms for 08/26/2024 indicated that Client #1 was given a chemical restraint at 8:42 PM and a chemical restraint at 8:56 PM. The nurse and physician signatures were electronically signed on 09/17/2024.

A review of a physician order for a chemical restraint, not specified with name of medication, was documented for 8:40 PM. An order for a physical restraint was documented as obtained at 8:40 PM.

Review of physician orders and medication order forms revealed there was not an order for the second chemical restraint that was given at 8:56 PM.

2. Review of Client #2's "Face Sheet," dated 12/04/24, revealed the client had diagnoses which included major depressive disorder with psychotic features, anorexia nervosa, oppositional defiant disorder, and history of neglect, physical and sexual abuse.

Review of the facility seclusion and restraint log indicated Client #2 had an emergency safety intervention (ESI) on 10/18/24 at 7:25 PM.

Review of a "Nurse Progress Note," signed by the Nurse Manager (NM) on 10/22/24, indicated Client #2 had to be placed in a physical restraint on 10/18/24 at 7:25 PM.

Review of an "Emergency Intervention packet," completed and signed by the NM on 10/22/24 at 12:09 PM and signed by the physician on 10/22/2024, indicated Client #2 was placed in a personal restraint on 10/18/24 at 7:25 PM.

Review of a seclusion/restraint order form dated 10/18/24 indicated a personal restraint team control order was put on the Electronic Client Record (ECR) on 10/22 /24 due to an agency nurse being on duty. The order was documented by the NM and electronically signed on 10/22/24 by the physician and the NM.

On 12/03/2024 at 11:20 AM, during an interview, the NM reported physician orders are supposed to be received at separate times for physician restraints and chemical restraints. The NM reported when using the ECR, a medication order must be placed on the " Medication Order Form" and to specify the name, dosage, and time the order was received for the medication ordered. The NM reported that medications may be documented in the nurses' progress notes or on the restraint seclusion emergency intervention form on the ECR. However, the nurses are supposed to complete a Medication Order Form that the physician is supposed to sign within 24 hours from the time the order was placed.

	On 12/04/24 at 11:36 AM, during an interview, the NM reported she had contacted the agency nurse on 10/22/24, after reviewing the Critical Incident Record (CIR) and then contacted the physician to let him know the order was being entered late by the NM. The NM reported there was a binder at the nurse ' s station for agency nurses to use that contains paper documents to use, including physician order forms, if the agency nurse does not have access to the electronic medical record. The Surveyor requested a copy of the written physician order for 10/18/24. The NM reported she was unable to locate the written physician order. The NM was unable to provide any written documentation from the nurse on duty on 10/18/24, regarding the restraint. Review of a facility policy, provided by the Compliance Specialist, titled, "[facility name] Procedures for the use of Personal or Chemical Restraints & Seclusion," with last revision date of "October 2016," specified in part as soon as possible, but no longer than one hour after the initiation of a restraint or seclusion, a licensed nurse must notify and obtain a physician order and document the time, date, name of person receiving the order; a chemical restraint or seclusion should never be initiated without receiving the physician's order first; if the order for a chemical restraint is received via telephone, the order must be documented as a verbal order and flagged for the physician to sign as soon as possible.
N0142	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(c) A physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff. This ELEMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure physician orders for physical and chemical restraints were not received at the same time, to ensure the least restrictive emergency safety intervention was utilized, for 1 Client (Client #1) of 3 clients chosen for the case mix. The findings are: Review of Client #1's "Face Sheet," dated 12/3/24, revealed the client had diagnoses which included disruptive mood dysregulation disorder, history of child neglect and abuse, and autism. A review of the facility's seclusion and restraint log revealed Client #1 was placed in restraints on 08/26/2024 from 8:40 PM until 8:42 PM and again from 8:55 PM until 8: 56 PM. The log also indicated Client #1 had been given a chemical restraint at 8:42 PM and again at 8:56 PM. A review of a "Nurse Progress Note," dated 08/26/2024 at 9:00 PM, indicated Client #1 had been placed in "several restraints" and given two (2) chemical restraints during the second shift. A review of the restraint and seclusion forms for 08/26/2024 indicated that Client #1 was given a chemical restraint at 8:42 PM and a chemical restraint at 8:56 PM. The

	nurse and physician signatures were electronically signed on 09/17/2024. A physician order for a chemical restraint, not specified with name of medication, was documented for 8:40 PM. An order for a physical restraint was documented as obtained at 8:40 PM. Review of physician orders and medication order forms revealed there was not an order for the second chemical restraint that was given at 8:56 PM. On 12/03/2024 at 11:20 AM, during an interview, the Nurse Manager (NM) reported physician orders are supposed to be received at separate times for physician restraints and chemical restraints. The NM reported when using the Electronic Client Record (ECR) a medication order must be placed on the "Medication Order Form" and to specify the name, dosage, and time the order was received of the medication ordered. The NM reported that medications may be documented in the nurse ' s progress notes or on the restraint seclusion emergency intervention form on the ECR. However, the nurses are supposed to complete a Medication Order Form that the physician is supposed to sign within 24 hours from the time the order was placed. Review of a facility policy provided by the Compliance Specialist, titled, "[facility name] Procedures for the use of Personal or Chemical Restraints & Seclusion," with last revision date of "October 2016," specified in part as soon as possible, but no longer than one hour after the initiation of a restraint or seclusion a licensed nurse must notify and obtain a physician order and documents the time, date, name of person receiving the order; a chemical restraint or seclusion should never be initiated without receiving the physician's order first; if the order for a chemical restraint is received via telephone, the order must be documented as a verbal order and flagged for the physician to sign as soon as possible.
N0145	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(f) Within 1 hour of the initiation of the emergency safety intervention a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological wellbeing of residents, must conduct a face-to-face assessment of the physical and psychological wellbeing of the resident, including but not limited to- (1) The resident's physical and psychological status; (2) The resident's behavior; (3) The appropriateness of the intervention measures; and (4) Any complications resulting from the intervention. This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a face-to-face assessment was conducted by a physician or other licensed practitioner within an hour of initiation of a restraint of 1 client (Client #2) of 3 clients on the case mix. The findings are: Review of Client #2's "Face Sheet," dated 12/04/24, revealed the client had diagnoses which included major depressive disorder with psychotic features, anorexia nervosa, oppositional defiant disorder, and history of neglect, physical and sexual abuse.

	A review of the facility "Seclusion and Restraint Log" revealed Client #2 was placed in a 2-man transport hold on 09/21/2024 at 5:05 PM. A review of the emergency intervention documentation, dated 09/21/24, revealed Client #2 was transported "to the unit" and placed in a physical hold. A review of the Electronic Client Record (ECR) revealed no nurse's progress notes for 09/21/24 which related to the restraint. A review of the ECR revealed there was not a restraint and seclusion form dated 09/21 /24 in which the Face-to-Face Assessment should have been located. On 12/04/204 at 11:36 AM, after requesting the above documents from the Nurse Manager (NM), during an interview, the NM reported she was unable to locate the Face-to-Face Assessment or the nurse's progress notes. Review of a facility policy provided by the Compliance Specialist, titled, "[facility name] Procedures for the use of Personal or Chemical Restraints & Seclusion," with last revision date of October 2016, specified in part that all documentation or use of restraint or seclusion must be completed by the end of the shift in which the interventions occur or end. Documentation must include a face-to-face assessment by a physician, advanced practice nurse or a registered nurse within 1 hour of initiation of a restraint and at the end of the intervention; physician orders, staff present during the intervention, events leading up to the intervention, if guardian or parent was notified, any injuries sustained during the intervention, 15-minute monitoring recordings, completed seclusion and restraint forms.
N0156	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(j) The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible. This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure physician orders were signed within 48 hours for 1 Client (Client #2), that was placed in a restraint, of 3 clients on the case mix. The findings are: Review of Client #2's "Face Sheet," dated 12/04/24, revealed the client had diagnoses which included major depressive disorder with psychotic features, anorexia nervosa, oppositional defiant disorder, and history of neglect, physical and sexual abuse. A review of the facility "Seclusion and Restraint Log " revealed Client #2 was placed in a 2-man transport hold on 09/21/2024 at 5:05 PM. A review of the emergency intervention documentation, dated 09/21/24, revealed Client #2 was transported "to the unit" and placed in a physical hold. A review of the electronic client record (ECR) revealed no physician order for a

	restraint for 09/21/24. On 12/03/2024 at 11:20 AM, during an interview, the Nurse Manager (NM) reported when using the ECR a medication order must be placed on the "Medication Order Form" and to specify the name, dosage, and time the order was received of the medication ordered. The NM reported that medications may be documented in the nurse ' s progress notes or on the restraint seclusion emergency intervention form on the ECR. However, the nurses are supposed to complete a Medication Order Form that the physician is supposed to sign within 24 hours from the time the order was placed. On 12/04/204 at 11:48 AM, after requesting the above documents from the Nurse Manager, during an interview, the Nurse Manager reported she was unable to locate the Face-to-Face Assessment or the nurse's progress notes. The NM provided a physician order for the restraint on 09/21/24 for 5:05 PM and an order for 5:08 PM that were signed on 9/25/2024 at 6:45 AM. Review of a facility policy, provided by the Compliance Specialist (CS), titled, "[facility name] Procedures for the use of Personal or Chemical Restraints & Seclusion," with last revision date of October 2016, specified in part as soon as possible but no longer than one hour after the initiation of a restraint or seclusion a licensed nurse must notify and obtain a physician order and documents the time, date, name of person receiving the order; a chemical restraint or seclusion should never be initiated without receiving the physician's order first; if the order for a chemical restraint is received via telephone, the order must be documented as a verbal order and flagged for the physician to sign as soon as possible.
N0188	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(a) Within 24 hours after the use of the restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the wellbeing of the resident. Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a face-to-face debriefing with the client and the staff was provided or documented within 24 hours after 2 Clients (Clients #2 and Client #3) of 3 clients in the case mix were placed in a restraint. The findings are: Review of Client #2's "Face Sheet, " dated 12/04/24, revealed the client had diagnoses which included major depressive disorder with psychotic features, anorexia nervosa,

oppositional defiant disorder, and history of neglect, physical, and sexual abuse.

Review of the facility " Seclusion and Restraint Log " indicated Client #2 had an Emergency Safety Intervention (ESI) and was restrained on 10/18/24 at 7:25 PM.

Review of a "Nurse Progress note," signed by the Nurse Manager (NM) on 10/22/24, indicated Client #2 had to be placed in a physical restraint on 10/18/24 at 7:25 PM.

Review of an "Emergency Intervention packet," completed and signed by the NM on 10/22/24 at 12:09 PM and signed by the physician on 10/22/2024, indicated Client #2 was placed in a personal restraint on 10/18/24 at 7:25 PM.

On 12/03/2024, during an interview, the Compliance Specialist confirmed that copies of all emergency safety interventions should be in a binder which she provided or in the Electronic Client Record (ECR). Review of the ECR and the binder provided did not reveal any debriefing documentation for 10/18/24.

Review of Client #3's "Face Sheet," dated 12/04/24, revealed the client had diagnoses which included disruptive mood dysregulation, anxiety, attention-deficit /hyperactivity disorder, impulse-control, and conduct disorder.

Review of the facility's "Seclusion and Restraint log" revealed Client #3 was placed in a physical restraint on 11/10/2024 at 9:07 AM and on 11/17/2024 at 7:03 PM.

Review of emergency intervention documentation dated 11/10/24 specified Client #3 was placed in a physical hold at 9:07 AM and on 11/17/24 and was placed in a basket hold at 7:03 PM.

Review of the post intervention debriefing documentation revealed the incident date as "11/10/2024" the Client debriefing was dated "11/19/24" at "1:40 PM" and was signed by Consultant #1 on "11/19/24".

Review of the post intervention debriefing documentation page, included with the safety intervention documentation dated 11/17/2024, did not contain any information on the client debriefing section, and there was missing information on the staff debriefing section, including the date, time, and signatures of staff.

On 12/04/2024 at 2:17 PM, during an interview, Consultant #1 reported client and staff debriefing should be completed and documented no later than 24 hours after a client had been restrained or put into seclusion. Consultant #1 reviewed the debriefing documentation for Client #3, for the restraint on 11/10/24 and verified the debriefing was conducted on 11/19/24 and stated, "I don't know why we would wait till the 19th. That's a long time." Consultant #1 confirmed he was listed as being onsite for the restraint on 11/17/24. Consultant #1 reviewed the debriefing documentation for Client #3 for the restraint on 11/17/24, and verified the documentation did not contain any information on the client debriefing section, and on the staff debriefing section there was missing information, including the date, time, and signatures of staff. Consultant #1 reported there is a consultant assigned either in person or on call 7 days a week.

On 12/04/2024 at 3:09 PM, during an interview, the Director reported that client and staff debriefings should be completed within 24 hours of the restraint and usually a consultant will complete the debriefings or anyone in management can complete the debriefings.

	Review of a facility policy provided by the Compliance Specialist, titled, "[facility name] Procedures for the use of Personal or Chemical Restraints & Seclusion," with last revision date of October 2016, specified in part within 24 hours a face-to-face debriefing must occur after the emergency safety intervention with all staff involved and the resident. The discussion must provide the resident and staff an opportunity to discuss events leading to the intervention and possible ways to prevent future use of restraints or seclusion. The policy states that all staff involved in the intervention must participate in the debriefing unless the resident feels threatened by a particular staff member, who can then be excused from the debriefing.
N0189	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(b) Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of - 483.370(b)(1) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention; This ELEMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a staff debriefing with all the staff involved, including appropriate supervisors and administrative staff, was conducted within 24 hours and documented after 2 Clients (Client #2 and Client #3) of 3 clients in the case mix were placed in a restraint. The findings are: Review of Client #2's "Face Sheet," dated 12/04/24, revealed the client had diagnoses which included major depressive disorder with psychotic features, anorexia nervosa, oppositional defiant disorder, and history of neglect, physical, and sexual abuse. Review of the facility "Seclusion and Restraint Log" indicated Client #2 had an Emergency Safety Intervention (ESI) and was placed in a restraint on 10/18/24 at 7:25 PM. Review of a "Nurse Progress note," signed by the NM on 10/22/24, indicated Client #2 had to be placed in a physical restraint on 10/18/24 at 7:25 PM. Review of an "Emergency Safety Intervention packet," completed and signed by the NM on 10/22/24 at 12:09 PM and signed by the physician on 10/22/2024, indicated Client #2 was placed in a personal restraint at 7:25 PM. On 12/03/2024, during an interview, the Compliance Specialist (CS) confirmed that copies of all emergency safety interventions should be in a binder which she provided. Review of the Electronic Client Record (ECR) and the binder provided did not reveal any debriefing documentation for 10/18/24. Review of Client #3's "Face Sheet," dated 12/04/24, revealed the client had diagnoses which included disruptive mood dysregulation, anxiety, attention-deficit /hyperactivity disorder, impulse-control, and conduct disorder.

Review of the facility's " Seclusion and Restraint Log " revealed Client #3 was placed in a physical restraint on 11/10/2024 at 9:07 AM and on 11/17/2024 at 7:03 PM.

Review of emergency intervention documentation, dated 11/10/24, specified Client #3 was placed in a hold at 9:07 AM and on 11/17/2024 at 7:03 PM.

Review of the post intervention debriefing documentation revealed the incident date as 11/10/2024 the Staff debriefing was dated 11/19/24 at 1:43 PM and was signed by Consultant #1 on 11-19-24.

Review of the post intervention debriefing documentation page, included with the safety intervention documentation dated 11/17/2024, did not contain any information on the client debriefing section, and there was missing information on the staff debriefing section, including the date, time, and signatures of staff.

On 12/04/2024 at 2:17 PM, during an interview, Consultant #1 reported client and staff debriefings should be completed no later than 24 hours after a client had been restrained or put into seclusion. Consultant #1 reviewed the debriefing documentation for Client #3, for the restraint on 11/10/24, and verified the debriefing was conducted on 11/19/24 and stated, "I don't know why we would wait till the 19th. That's a long time." Consultant #1 confirmed he was listed as being onsite for the restraint on 11/17 /24. Consultant #1 reviewed the debriefing documentation for Client #3, for the restraint on 11/17/24, and verified the documentation did not contain any information on the client debriefing section and on the staff debriefing section there was missing information including the date, time, and signatures of staff. Consultant #1 reported there is a consultant assigned either in person or on call seven (7) days a week.

On 12/04/2024 at 3:09 PM, during an interview, the Director reported that client and staff debriefings should be completed within 24 hours of the restraint, and that usually, a consultant will complete the debriefings or anyone in management can complete the debriefings.

Review of a facility policy, provided by the Compliance Specialist, titled, "[facility name] Procedures for the use of Personal or Chemical Restraints & Seclusion:" with last revision date of October 2016, specified in part; within 24 hours after an emergency safety intervention a debriefing must occur with all the staff involved , appropriate supervisors and administrative staff, including discussion of events leading to the intervention and less-restrictive techniques that might have prevented the use of restraints, and documentation of any injuries.